

A guide to choosing your Anthem Blue Cross and Blue Shield health plan

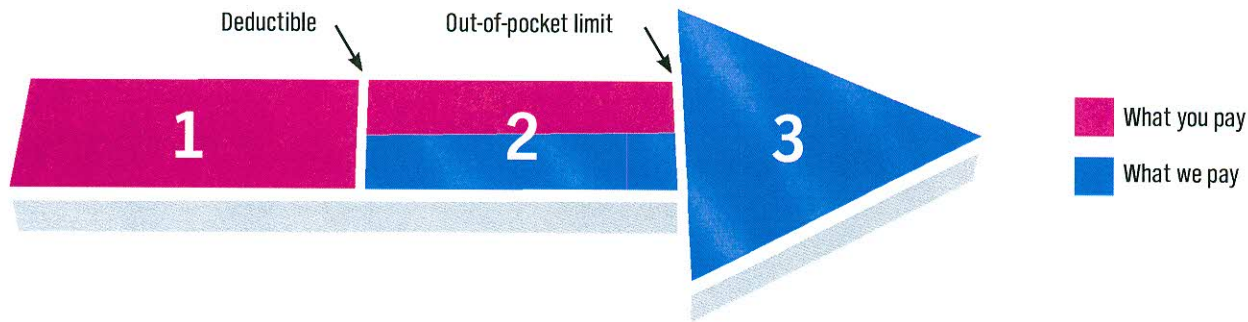
Blue Access FI PPO

Welcome! We're so glad you're taking the time to check out all that Anthem Blue Cross Blue Shield has to offer you. Choosing your health care plan (and the benefits that come with it) is an important decision and this booklet is designed to help. This booklet is a snapshot of the benefits that come with our health plan(s).

Getting started with health insurance

Let's start with how health insurance works in general

How most health plans work



- 1. You pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services. If your plan has **copays** (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.
- 2. After you meet your deductible, you and your plan share the cost of covered services.** You pay a copay or coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
 - What about the money for health insurance that gets deducted from your paycheck? That's your premium. Think of it like a membership fee. It's separate from what you pay when you get care.
 - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.

Frequently asked questions (FAQs)

You can register at [anthem.com](https://www.anthem.com) — your simple and convenient solution to managing your health

Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network — but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our **Find a Doctor** tool on [anthem.com](https://www.anthem.com). You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use **Find a Doctor** on your smartphone.

What prescription drugs are covered?

View the drugs we cover at www.anthem.com/national4tier.

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

If you have complex or long-term conditions, you may need "specialty" drugs. Your coverage includes these types of drugs and the support you may need when you take them.

To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on [anthem.com](https://www.anthem.com). Then go to FAQs > Pharmacy.

How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor.

Is preventive care covered?

Yes, preventive care from a network provider is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

Can I manage my health care on the Web?

Yes. As soon as you become a member, you'll be able to register at [anthem.com](https://www.anthem.com). It's designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor or pharmacy.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Go paperless.
- Take your Health Assessment to learn about your health risks so you can address them.

Visit [anthem.com/guidedtour](https://www.anthem.com/guidedtour) to watch a video explaining how our website can help you.

Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to [anthem.com](https://www.anthem.com) and click the Health & Wellness tab. Once you're a member, you can log in and see more.

Check out these health and wellness programs your employer is providing in addition to your health insurance benefits.

24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night.

Future Moms — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.

ConditionCare — Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best.

Frequently asked questions (FAQs)

ComplexCare — If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits.

Behavioral Health Resource — Work with licensed mental health professionals who are available 24/7 to help you deal with behavioral health issues.

MyHealth Advantage — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.

How can my plan help me save money?

You'll save money every time you go to a doctor in network — they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At anthem.com, you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

Home Delivery Pharmacy — You can save money and time by having your prescriptions delivered to your home. Learn how to get started with Home Delivery.

Cost and Quality — If you're getting an imaging test (like an X-ray), a sleep test, colonoscopy or endoscopy, we'll work with you and your doctor to give you choices so you can find quality facilities at low prices.

Enhanced Personal Health Care — We're helping doctors focus on the quality of care they give. They'll know your history, your specialists and your medications, and they'll coordinate your treatment with other doctors and health care providers. And, they'll get you the care you need when you need it, even after hours.

Your plan details

In this next section, you'll find more information about your plan.

How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And you also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women's Health and Cancer Rights Act, go to www.anthem.com/memberrights.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit www.anthem.com/memberrights.



My Anthem ID card means I can always get my questions answered.

Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁶
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling (female)^{3,4}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁴
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁴
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

¹ The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Customer Care number on your ID card.

² Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

⁴ This benefit also applies to those younger than 19.

⁵ A cost share may apply for other prescription contraceptives, based on your drug benefits.

⁶ Check your medical policy for details.

Getting started with Home Delivery Pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.* Here's how to start:

Step one

Create your account and print your order form

There are two ways to do this:

- Log on to your health plan's website.
 - Register at your health plan website if you haven't done so.
 - Click **Prescription Benefits** in the *Useful Tools* box.
 - Click **Start a New Prescription**.

This takes you to the Express Scripts website. You can find out how to:

- Print an order form to mail in with your prescription.
- Print a fax form to take to your doctor to fax in your prescription.
- See how much your medicine will cost.

Step two

See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply prescription for your first Home Delivery Pharmacy order. But you should also ask your doctor to write you another prescription for a 30-day supply. This is so you can get the 30-day supply filled at your local pharmacy while your first Home Delivery order is being processed.

- Your doctor can give you a prescription to mail in with your order form.
- Or, the doctor can fill out the physician fax form and fax it to the phone number on the form.

If your doctor prescribes a brand-name drug, your plan design may require the Home Delivery Pharmacy to substitute the generic version instead.

Step three

Paying for your prescription

You can pay by e-check, check, money order or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll in e-check payments, have credit cards on file through the website or call the number on your member ID card.

Step four

Send us your prescription

You can send us your prescription in two ways:

- **Mail:** Fill out the order form and mail it with the prescription and payment (if you're using a check/money order) to the address listed on the form. Please fill out payment information on the form if you're not using a check/money order.
- **Fax:** Your doctor can complete the physician fax form and fax it to the phone number on the form.

All prescriptions and refills, including those sent in by your doctor, are processed as soon as they are received. Please don't send in your prescription unless you are ready to have it filled.

Important to know

Your medicine will be sent to your home within two weeks from the time the Home Delivery Pharmacy gets your order. If you need your medicine sooner, call the number on your ID card to ask for your order to be sent overnight. Please allow three to five days for processing plus the shipping time. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

Need help getting started?

Call the phone number on your ID card. You will be transferred to Express Scripts. They can help you get started.

*Based on drug benefit plan design.



Specialty Pharmacy

If you have a long-term health condition that needs to be treated with complex drugs, our specialty pharmacy is here for you. You'll get the medicine you need and support to manage your condition.

Anthem[®]  
BlueCross BlueShield

What is a specialty pharmacy?

A specialty pharmacy provides medicine for people with long-term health conditions. Specialty drugs come in different forms like pills or liquids. And some need to be injected, infused or inhaled. These drugs often need special storage and handling and may be given to you by a doctor or nurse.

The specialty pharmacy is for people with conditions that include:

- Asthma
- Bleeding disorders
- Cancer
- Crohn's disease
- Cystic fibrosis
- Growth hormone deficiency
- Hepatitis
- HIV/AIDS
- Iron overload
- Living with a transplant
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)

Your specialty pharmacy team.

You don't have to manage your health condition alone. Our team of experts is here to help you get the best results from your treatments.

- Pharmacists can explain your condition, how your drugs work and possible side effects. They can also answer urgent drug questions after hours.
- Nurses help you stay on track with your medicine. They make sure you're taking it just how the doctor prescribes. They can also help you deal with your side effects.
- Plus, the pharmacy has a team that can answer questions about insurance, paying for your medicine, refilling drugs and much more.

The Specialty Pharmacy drug list

Log on to anthem.com to view/download the Specialty Pharmacy drug list.

Getting started with the specialty pharmacy.

Our specialty pharmacy is Accredo, which is part of Express Scripts. Express Scripts is the company that manages and processes drugs for your health plan.¹

Your plan may require you to use Accredo. Other plans let you choose from a list of specialty pharmacies, including Accredo. You can visit anthem.com or call the phone number on your member ID card to be sure.

You can easily switch to Accredo with a simple phone call or fax. A care representative will work with you and your doctor and start the arrangements to move your specialty prescriptions.

Call: 800-870-6419, Monday through Friday, 8 a.m. to 11 p.m., Eastern time and Saturday, 8 a.m. to 5 p.m., Eastern time.

Fax: 800-824-2642. Ask your doctor to fax your prescription(s) and a copy of your member ID card.

A care representative will call you back to arrange for delivery of your medication on a day that is convenient for you.

Accredo and the specialty pharmacy network apply to drugs covered under the pharmacy benefit only.

Ordering refills.

Once you're ready to refill your medicine, you can place your order online or on the phone.

Online: Visit anthem.com.

- Log in and under Useful Tools, click **Prescription Benefits** then click Order a Refill. You will be sent to the Express Scripts website.
- Choose the drugs you want to refill and click **Add Refillsto Cart**.
- Review the order, shipping method, payment and other details. Make changes if needed.
- **Click Place My Order.**

By phone: Have your member ID card and prescription number ready. Call 800-870-6419 and choose "Place a Refill Order" from the menu. Or press zero any time to speak with someone. If you are speech or hearing impaired, call 800-955-8770 (TTD/TTY). Follow the prompts to place your order.

¹To better understand your specialty pharmacy drug coverage, please see your Summary of Benefits or call the phone number on your member ID card.

A note about your pharmacy information on the web:

The first time you're sent to the Express Scripts website you'll go through a brief registration to set your preferences for email and privacy. You'll do this only once.

Please do not go directly to the Express Scripts website. The only way to make sure you're viewing your pharmacy information correctly is by logging in to anthem.com first.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.





EXPRESS SCRIPTS®

HOME DELIVERY PHARMACY ORDER FORM

To MAIL your prescription:

1. "Patient" box must be filled out.
2. Have your Doctor write a prescription.
3. Send your new prescription along with this completed form to:
Express Scripts Home Delivery Service
PO Box 66584
St. Louis MO 63166-6584

To FAX your prescription:

1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
2. Doctor can fax to: 1-800-875-6356
 - **Class II prescriptions cannot be faxed.**
 - Faxes will only be accepted from a doctor's office.

PATIENT

Member ID: _____
First Name: _____ Last Name: _____
Date of Birth: _____ Phone: _____
Address: _____
E-mail: _____
Allergies: _____
Health Conditions: _____
Over-the-Counter Medications: _____

DOCTOR/PRESCRIBER

DEA: _____
Name: _____
Address: _____
Phone: _____
Fax: _____

PATIENT OPTIONS

- ☐ I want non-child resistant caps, when available.
- ☐ I want a copy of my bottle label in large print on a separate sheet of paper.
- ☐ Check here for rush delivery. Once your order is received and filled, it will be shipped overnight for \$21.

If you want to make a payment or update your health conditions, please visit your health plan provider's website.



2161

Rx

First Name

Last Name

Date: ____ / ____ / ____

Drug Name/Form/Strength

Qty

Directions for Use

Refills

X

Doctor/Prescriber Signature – Substitution Permissible

X

Doctor/Prescriber Signature – Dispense as Written

Stamped signatures cannot be accepted.

Important Confidentiality Notice: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

The Savvy Member's Action Guide



14 smart ways Anthem members get more from their health plans

Sometimes the simple things make a big difference.

Here are a few easy tips you can use to get more from your benefits and save money on health care. You can find information on these tips at anthem.com.

Tip #1: Ask about your choices for certain care

Hospitals have higher overhead costs, so they usually charge more for their inpatient and outpatient care. Many services can be performed in a doctor's office, surgery center or free-standing radiology center. This saves you out-of-pocket costs. You usually only pay your copay (a set amount of your share of the costs) instead of coinsurance (a percentage of the costs) for care you get in a doctor's office or free-standing center.

Tip #2: Ask about your options for radiology services

We give your doctor quality and cost information for radiology centers in your area. This list can help you get the highest quality care at the lowest cost. Anthem radiology centers have been rated on many factors, including quality and cost. You and your doctor can use this list together to help you choose the right radiology center for you.

Tip #3: Use free-standing labs

You can usually visit a free-standing lab for things like blood and urine tests. This is another way you can lower your out-of-pocket costs.

Tip #4: Estimate your Costs

Did you know that different hospitals and facilities charge different amounts for the same services?

Now you can know your cost before you set foot in the hospital. By getting an estimate of your costs based on the benefits of your health plan, you can choose a facility that fits your budget.

How to get an estimate of costs:

- Log in at anthem.com and click on **Estimate Your Cost**.
- Simply search or browse for the procedure you are looking for and the tool will help guide you.
- You can easily compare facilities in your area

Tip #5: Use urgent care or walk-in centers when it's not life-threatening

Emergency Room (ER) care costs a lot more money and time than care you get in your doctor's office, urgent care or walk-in center. So save the ER for true emergencies. For things like minor cuts and sprains, ear or throat infections, bronchitis and other non-life-threatening issues, you'll usually get care faster — and pay lower copays and/or coinsurance — when you use your network doctor's office, urgent care or walk-in center.

Tip #6: Shop around for the lowest drug costs

You can buy your prescription drugs from different places: local pharmacies, retailers, grocery stores and mail-order. Drug prices can vary quite a bit from place to place. You can save money by comparing costs before you fill your prescription.

Tip #7: Choose generic drugs

Generic drugs generally work just as well as brand-name drugs, but cost much less. The Food and Drug Administration (FDA) requires that brand and generic drugs have the same active ingredients, strength and dose. Ask your doctor if generics are available and right for you. If not, your doctor may know of other brand names that cost less.

Tip #8: Use over-the-counter drugs when you can

You don't need a prescription for over-the-counter (OTC) drugs. They often have the same active ingredients as some prescription drugs but usually cost a lot less. OTC allergy and heartburn medicines are good examples. Just make sure to ask your doctor if it's okay to swap your prescription drug for an OTC medicine.

The Savvy Member's Action Guide *(continued)*

Tip #9: Look into our special pharmacy programs

We have two programs that can help you save right away by lowering your copay or coinsurance. Call the pharmacy number on your Anthem ID card to see if you qualify for these programs. Then, ask your doctor if one could be right for you.

- Use our Half Tablet program to save money without changing drugs. Instead, you get your current medicine on the Half Tablet program drug list prescribed at double the strength, then use a tablet splitter to cut the tablet in half. You can save up to 50% off your typical copay with this program.
- Use our GenericSelect program the first time you fill a new prescription with a generic on our list. We'll waive your first copay at a retail pharmacy or our home delivery pharmacy.

Tip #10: Get preventive care

You have 100% coverage for network checkups, flu shots, and some cancer screenings like mammograms. Getting preventive care can help prevent childhood diseases, diabetes, high blood pressure, cancer and other health issues that could cost you a lot more in the long run. Get peace of mind and better health at no extra cost to you!

Tip #11: Keep an eye on your EOB

You'll receive an Explanation of Benefits (EOB) whenever you get care. It's like your personal claim and coverage report. When you get one, make sure it's right and only lists care you received. If you're ever unsure about a charge, call the customer service number on your Anthem ID card and we'll help clear things up.

Tip #12: Take advantage of health and wellness programs at no extra cost

Let us help you live healthier, feel better and save money. Get help with an ongoing health problem, call our 24/7 NurseLine, or have a coach help you get fit, lose weight or quit smoking. It's all part of your plan at no extra cost. Not sure where to start? Take the MyHealth Assessment at anthem.com. It looks at where you are now and the steps you can take to be your healthiest.

Tip #13: Use network doctors and hospitals

You have access to some of the largest networks of doctors. That means the doctors you already know and trust are likely in our networks. And we work with our large provider networks to make sure when you visit a network doctor, your share of the cost is lower — even before you pay any deductible — so you can save from day one of your coverage. You also get access to providers across the country. When you get care out of the network, you'll pay more and you'll likely have to file claims yourself (network doctors do that for you).

Three quick ways to find network care:

1. Type anthem.com into your smartphone browser to use our easy mobile app.
2. Log onto anthem.com and click Find a Doctor.
3. Call the member services number on your Anthem ID card.

Tip #14: Find health information at anthem.com or Anthem customer service

At anthem.com, you'll find plenty of expert information to help you stay on top of your health care options, costs and ways to improve your health. Take a few moments, explore the website and learn more. You can also call customer service for more help.

Register today at anthem.com

Explore our members-only site to learn more about your health care options, costs and ways to help take control of your health.

Compare quality and costs

at hospitals and
other facilities on
anthem.com



Did you know that different facilities may charge different amounts for the same service? Estimate your share of the costs before you get your care.

Higher prices don't always mean better care. Compare facilities based on their quality measures for certain procedures — length of stay, patient experience, complications and more.

- Just log on to anthem.com and click on Estimate Your Costs.
- Simply search or browse for the procedure you are looking for and the tool will help guide you.
- You can easily compare facilities in your area.

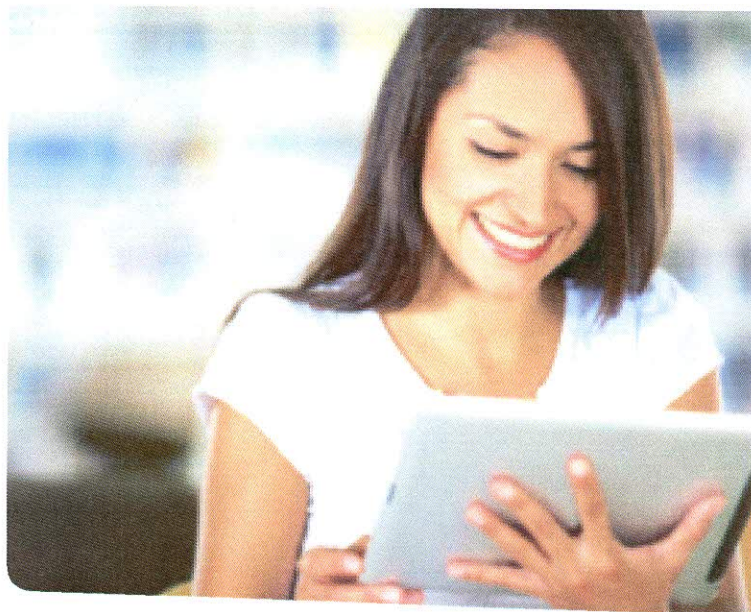
Estimate Your Costs is just one of the many tools we have to help you manage your health care, simply and conveniently.



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
11916ANMENABS Rev. 12/13

Need a doctor?

Finding one online is fast and easy.



With our Find a Doctor online tool, it's simple to look for doctors who are part of the Anthem Blue Cross and Blue Shield network. Whether you're checking to see if a family favorite is in the network or looking for someone new, it's a snap..

If you're already a member:

1. Log in to **anthem.com**.
2. Under *Useful Tools* on the right, select **Find a Doctor**.
3. Select the doctor or health professional you're looking for and choose **Search**.
4. For more info about a provider (like skills and training), just select that name in the directory.

New member search tip

If you don't know the name of your health plan or are about to join a new plan, talk to your company's benefits administrator or human resources staff.

If you're not a member:

1. Go to **anthem.com**.
2. Under *Useful Tools* on the right, select **Find a Doctor**.
3. Under *Search by selecting a plan/network*, go to *Select a state*. You can enter the name of your state or select it from the drop-down list.
4. Under *Select a plan/network*, you can enter the name of your plan/network or select it from the drop-down list then choose **Select and Continue**.
5. Using the drop-down boxes, select what type of doctor and the location you're looking for, then select **Search**.
6. For more info about a provider (like skills and training), just select that name in the directory.

If Anthem Blue Cross and Blue Shield is your pharmacy benefit administrator, when selecting a plan/network, type in or choose "National PPO/BlueCard PPO". This will give you a longer list of providers, and pharmacy access is not limited by your medical plan.

If you are searching for a provider out of state, type "National PPO/BlueCard PPO" in the 'Select a Plan/Network' drop-down box, then click on 'Select and Continue' to begin searching for a doctor or facility. This will ensure the largest list of providers are given to you.

To search for doctors, hospitals, pharmacies and more from your mobile device, go to **anthem.com**. You can also download our free app from the app store on your Apple or Android smartphone. Search Anthem Blue Cross and Blue Shield and download.

Register with anthem.com to get online access to your benefits

From any computer with Internet access, type anthem.com in the Web browser address field and click **Register Now**.^{*} This can be found on the top right-hand side of your screen in the Member Log In area.

Step 1: Personal information

Enter your personal information, including member identification number, first and last name, date of birth (mm/dd/yyyy). For security, you'll also be asked to put in the security code that's shown. Click **Save & Continue**.

Step 2: Username and password

Create your username and password. Then select a security question from the drop-down menu and give the answer. You'll be asked to answer your security question if you ever forget your password. Please keep this information secure.

Once you're done with your username, password and security question, check the box to agree to the terms and conditions of Anthem and click **Save & Continue**.

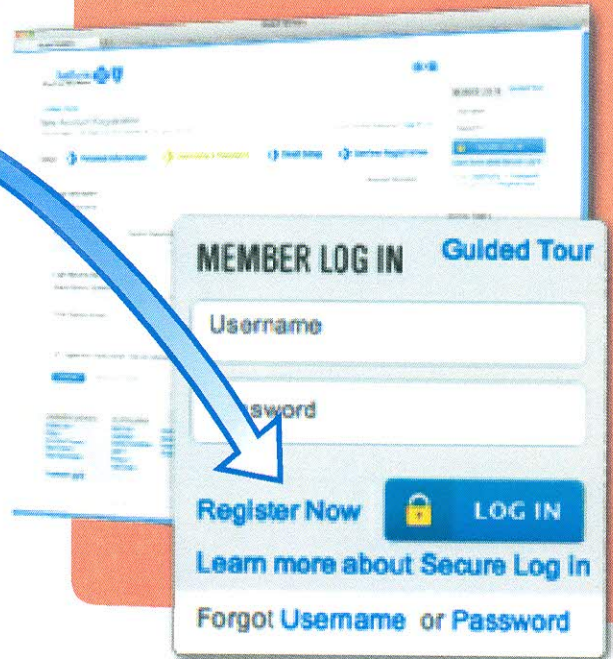
Step 3: Email setup

You'll be able to choose how you'd like to get future legal notifications, special offers and other health plan notifications.

Enter your email address to set up your online profile. You can also choose to receive information about new products and services, benefit updates, and required notices. Click **Save & Continue**.

Step 4: Confirm registration

Here you'll make sure all your personal information, username and password and your notification choices are right. Click **Confirm**.



**Having problems signing up?
Call the eBusiness Help Desk
at 866-755-2680 for help.**



Now you can log in to start taking advantage of online access to your benefits. It's all the information you need to make an informed decision - coverage, quality, cost, and patient experience information - all in one place.

^{*}If you are 18 years of age or older, you must register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Access your network of doctors and manage your benefits in a way that's convenient for you.



Get our mobile app or view the same information from your tablet and computer.



Download the Anthem app

If you have an Apple or Android device, you can:

1. Go to the Apple Store or Google Play.
2. Search for Anthem Blue Cross and Blue Shield.
3. Select the app and start the free download.

To log in and use our app, you must be registered on our secure member site and have a username and password.

If you're a member of Anthem Blue Cross and Blue Shield but haven't registered, go to anthem.com from your computer and select **Register Now**.

1. **Forget your ID card? We have an app for that.** You'll get access to an electronic version of your ID card when you **download our app** to your smartphone.

You also can:

- Find a doctor or urgent care center and get driving directions there.
- Refill a prescription, locate a network pharmacy, compare drug costs, switch to home delivery, and more.
- Get cost estimates and provider ratings for the procedures you need.

2. **Don't like to download? No problem.**

You can **view our mobile website** using the web browser on your smartphone. You'll get many of the same features we offer on our mobile app.

3. **Prefer the traditional website experience?**

Access the full anthem.com website from your tablet or home computer.

How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And you also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, go to www.anthem.com/memberrights.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit www.anthem.com/memberrights.

Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or

after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in a plan.
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or CHIP coverage because you're no longer eligible.
 - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.

Information that's important to you



Every year, we're required to send you specific information about your rights, your benefits and more. This can use up a lot of trees, so we've combined a couple of these required annual notices. Please take a few minutes to read about:

- State notice of privacy practices
- HIPAA notice of privacy practices
- Breast reconstruction surgery benefits

Want to save more trees? Go to anthem.com and sign up to receive these types of notices by e-mail.

State notice of privacy practices

As mentioned in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law. This applies to life insurance benefits, in addition to health, dental and vision benefits that you may have.

Your personal information

We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter.

We may collect PI about you from other persons or entities, such as doctors, hospitals or other carriers. We may share PI with persons or entities outside of our company — without your OK in some cases. If we take part in an activity that would require us to give you a chance to opt out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity. You have the right to access and correct your PI. Because PI is defined as any information that can be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you. A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

HIPAA notice of privacy practices

This notice describes how health, vision and dental information about you may be used and disclosed, and how you can get access to this information with regard to your health benefits. Please review it carefully.

We keep the health and financial information of our current and former members private, as required by law, accreditation standards and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information

We may collect, use and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

For payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan.

For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

For health care operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes or traumatic injury.

For treatment activities: We do not provide treatment. This is the role of a health care provider, such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To you: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To others: In most cases, if we use or disclose your PHI outside of treatment, payment, operations or research activities, we must get your OK in writing first. We must receive your written OK before we can use your PHI for certain marketing activities. We must get your written OK before we sell your PHI. If we have them, we must get your OK before we disclose your provider's psychotherapy notes. Other uses and disclosures of your PHI not mentioned in this notice may also require your written OK. You always have the right to revoke any written OK you provide. You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As allowed or required by law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and with coroners, funeral directors or medical examiners (about decedents). PHI can also be shared with organ donation groups for certain reasons, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for Workers' Compensation, to respond to requests from the U.S. Department of Health and Human Services, and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law. If you are enrolled with us through an employer-sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper. If your employer pays your premium or part of your premium, but does not pay your health insurance claims, your employer is not allowed to receive your PHI — unless your employer promises to protect your PHI and makes sure the PHI will be used for legal reasons only.

Authorization: We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using

your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

Genetic information: We cannot use or disclose PHI that is an individual's genetic information for underwriting.

Your rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI, or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask him or her to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also, let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI. Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. Customer Service representatives can give you the address to send the request. They can also give you any forms we have that may help you with this process.
- Right to a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or disclosure of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to Anthem, Anthem does not have to agree to a restriction (see Your Rights section above). If a law requires the disclosure, Anthem does not have to agree to your restriction.

How we protect information

We are dedicated to protecting your PHI, and have set up a number of policies and practices to help make sure your PHI is kept secure.

We have to keep your PHI private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong out of areas where sensitive data is kept. Also, where required by law, our affiliates and nonaffiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential impact of other applicable laws

HIPAA (the federal privacy law) generally does not preempt, or override, other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact information

Please call Customer Service at the phone number printed on your ID card. Representatives can help you apply your rights, file a complaint or talk with you about privacy issues.

Copies and changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you, as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter that tells you about any changes.

Effective date of this notice

The original effective date of this Notice was April 14, 2003. The most recent revision date is indicated in the footer of this Notice.

Breast reconstruction surgery benefits

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem benefits comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

All applicable benefit provisions will apply, including existing deductibles, copayments and/or co-insurance. Contact your Plan administrator for more information.

Carry an ID card that means something. **Enroll now.**



An employer may elect to insure or self-fund its group health plan. For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. In Ohio, if your employer selects Blue Preferred Primary and elects to insure its group health plan, Blue Preferred Primary is a health insuring corporation product ("HIC"); if your employer selects Blue Preferred Primary and elects to self-fund its group health plan, Anthem provides access to the Blue Preferred Primary network, provides administrative claims payment services only and assumes no financial risk for claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer's plan funding arrangement. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Life and disability products are underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.

Your Summary of Benefits
Harrison County Government
Anthem Dental Complete



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network
Annual Benefit Maximum ▪ Per insured person	Calendar Year	\$1,000	\$1,000
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		\$1,000	\$1,000
Annual Deductible (The Deductible does not apply to Orthodontic Services) ▪ Per insured person ▪ Family maximum	Calendar Year	\$25 3X Individual	\$25 3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement Options:		90th percentile	
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance	100% Coinsurance
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Covered as Composites ▪ Simple Extractions		80% Coinsurance	80% Coinsurance
Endodontics ▪ Root Canal		50% Coinsurance	50% Coinsurance
Periodontics ▪ Scaling and root planing		50% Coinsurance	50% Coinsurance
Oral Surgery ▪ Surgical Extractions		80% Coinsurance	80% Coinsurance
Major Services ▪ Crowns		50% Coinsurance	50% Coinsurance
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Standard - Covered		50% Coinsurance	50% Coinsurance
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance
Orthodontic Services -Dependent Children Only*		50% Coinsurance	50% Coinsurance
			No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

IN_PCLG_FI-Custom